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Gary Christenson, Mayor

Racial Equity Commission Minutes of March 8, 2023

Meeting called to order at 6:07

Members participated either in person (City Hall Room 105) or on Zoom.

Committee Members Present:

Present: Abraham Ndiwane, Bwann Gwann, Cassandra Davis, Ralph Long, Janne Shahan, Nate Bae Kupel,

City Councillors: City Council President Barbara Murphy, City Councillor Carey McDonald, City Councillor-at-Large Karen Colon Hayes

Participants: Language Access Coordinator Elena Martinez; Maria Luise, Mayor's Office; Renee Cammarata Hamilton and Laura McNulty, presenters from Cambridge Health Alliance (CHA)

Introductions of members and participants and presentation:

Following introductions, Renee and Laura from CHA offered a presentation that reviewed their data on community wellness, collected over the past seven years

- Based on required regular hospital community evaluation, and CHA goes beyond to incorporate partners and stakeholders so the data is more widely used.
- 644 participants in Everett, Malden, Medford and Somerville in primary data collection; tends to overrepresent traditionally underrepresented groups (immigrants, BIPOC, LGBTQ, older folks), since they are most impacted by health inequities.
- Communities are quite diverse, with Malden and Everett residents being over 40% immigrants.

Key Findings:

- Strengths – diversity, families, community connections and civic engagement
- Concerns about erosion of social connectedness, barriers to accessing resources, and structural inequities.
- Show up through housing instability, health challenges, etc.
- Mortality is increasing among communities of color since 2019, accelerated by the COVID 19 pandemic.

Equity principles:

- Language justice
- Including underrepresented voices
- Acknowledging unique stressors of diverse communities

Four Focus areas, with factors that influence health equity in each one:

- Housing
- Equitable economies
- Equity and Access to care (health)
- Climate health and justice

1. Housing:

- Over 50% of Maldonians are cost burdened (over 30% of income to housing) or severely cost burdened (over 50% of income to housing).
- Affordable housing is a far and away biggest concern for improvements in wellbeing (57% listed), next item was inclusion and respect for diverse community members at 34%.
- Less concern about safety/quality of housing stock, those concerns are dwarfed by affordability concerns.
- During pandemic, risk of eviction was a huge health concern – policies included eviction moratoriums, more legal assistance, rental assistance >> these were largely effective, cut rates of evictions in half, but increase even before eviction moratorium expired.
- Note that Somerville saw much lower evictions 2020-2022, they have strong renter advocacy as well as a more empowered housing stability office; perhaps also more language barriers to renters accessing their rights in Malden? The data doesn't even capture illegal evictions.
- Malden was one of the longest to sustain an eviction moratorium (February 2022), Somerville went to June 2022.
- Rates of asthma ED visits are double for Black residents than for white residents, although this ratio is actually smaller than the national average.

2. Equitable Economies:

- Money, jobs, food systems, care giving
- At the end of the day, many health concerns come down to lack of money.
- In Malden, as in other communities, BIPOC residents are more likely to be below the poverty line (Latino residents three times as likely to be poor as white residents)..
- When you look at incorporating vouchers, tax credits and assistance, poverty has actually been declining.
- Malden has lots of people in service and caregiving industries, which are low wage and were especially hard hit during the pandemic.
- Enrollment in SNAP has increased 44% since 2019; however, only 48% of eligible residents are actually enrolled.
- Rates of mental health hospitalization are different in Malden, white residents actually had the highest rates; desire from communities of color to provides safe collective spaces to support mental wellbeing, rather than ED visits or medical providers.

3. Equity in Access to Care, Services and Information:

- Communities experience barriers to equity in access to healthcare, education, public benefits and other essential services. Looked into what access means and the concept of navigation in a complex system. Equity means people have what they need, when they need it and this has many factors.
- The uninsurance rate is higher in Malden (4.3%) as compared to the statewide rate (2.7%). Disparities emerge by racial/ethnic groups, income and immigration history.
- Patterns of unmet need were revealed in the survey results. Newer immigrants (in US for less than 6 years) experienced higher unmet care needs than established immigrants or non-immigrants.
- Also, inequity in access to care for screening of sexually transmitted infections.

4. Environmental Justice and Climate:

- These include air and water quality and exposures as well as climate change, resilience and preparedness for extreme weather events. Environmental exposures have been associated with adverse health outcomes including cancer, heart disease, diabetes and obesity.
- Air pollution and water contamination is inequitably distributed across communities as is climate change. Survey participants indicated a high level of uncertainty about how ready their community was and how to protect themselves.
- Many factors may contribute to heart disease and diabetes. Environmental exposures, such as from industrial and vehicular emissions, endocrine-disrupting chemicals in drinking water (such as lead) and other sources have been associated with each condition.
- Mortality rates for heart disease show disparities and have increased from 2019 to 2020 for Asian, Hispanic and black individuals.
- Diabetes mortality rates have also increased in all 4 communities compared to the State and diabetes is a health outcome with some of the largest racial and ethnic disparities with rates among black and Hispanic individuals higher than white individuals. Although Asian individuals have had lower rates of diabetes, the mortality rate did increase from 2019 to 2020.

Equity Principles:

These four focus areas emerged from the assessment process as being some of the most important areas that need work. When survey participants were asked about experiences of discrimination related to housing, employment, policing, health care and other areas, racism was the most common structural issue identified in Malden and other communities. Young people were more likely than older folks to report racism as the reason for their experiences of discrimination.

In closing the presentation, CHA summarized the themes that emerged related to advancing equity into 3 equity principles (“the how”): language justice, inclusion of under-represented voices in leadership and decision-making and promoting collective care and healing.

Renee mentioned that the slide presentation would be available, and members of the group expressed their appreciation of the data that CHA shared. The feeling was that it was vital work that was data driven.

Councillor Murphy stated that it was a tremendous amount of information that probably had to be absorbed and digested before a productive discussion of next steps.

Renee stated that the 2022 CHA Regional Wellbeing Report was on their website along with the community data profile and an executive summary.

Abraham commented on CHA's approach to data which was participatory research done with rather than for the community. He asked about the data sources. There are about 40 different secondary data sources and around 120 different indicators that were drawn from those resources across the 8 communities. There is a data book on the website that allows for access to all of the data that has already been analyzed as well as the primary source data.

There was also mention of cross sections of data and how to think about social determinants of health post-pandemic and the issue of digital inequities when it comes to health care services.

CHA provided questions to help guide discussion and explore the data:

1. What do you see as the racial equity implications of the assessment findings?
2. What programs and policies exist in Malden that could address racialized disparities in exposures or outcomes?
3. How do we connect these programs and policies to people who are facing barriers to access? In what ways could these strategies turn the equity principles into practice?
4. How might data (quantitative and qualitative) be used to assess progress and promote accountability to the community?

Also discussed was the idea of making the information more publicly available through a forum of some kind.

Next Steps:

Reviewing and digesting the information and perhaps focusing on 1 to 3 priority areas to try to move on. There was also the point made that once there are focus points how does it get implemented and what would be the timeline. Perhaps creating a document of priorities, resources, what supports are needed and how to provide feedback and assessment.

Revisit the Mission Statement which is near completion and a Chair.

Possible hiring of a clerk for the Commission.

Next meeting: TBD